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ABSTRACT

In order to identify and document Local Education Authority (LEA) policies and practices in relation to drug misuse and drugs education, a questionnaire was designed which examined: (1) LEA policy development and adoption; (2) staff with designated responsibility to coordinate and implement policies; (3) working parties and subcommittees; (4) staff working in schools and colleges; (5) curricular materials used in schools; (6) in-service training; and (7) the role of youth and community workers. The questionnaire was completed by 87 LEAs in England and Wales. The result revealed that only five percent of responding LEAs reported having done nothing under all seven headings. The majority of LEAs reported being involved in four or more of the seven activities. Metropolitan authorities consistently reported more activity than county authorities or London boroughs throughout the survey. Most LEAs reported having addressed the problem of hard drugs misuse within a broad health and social education context and having treated this as a community, rather than simply as a school problem. The report concludes that it would be useful to examine the effect of this sort of approach in relation to the more frequently occurring forms of drug misuse in schools, including illicit or excessive drinking. (NB)

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Local Education Authority policies and practices relating to drugs education and drug misuse: report of a questionnaire and interview survey of LEAs in England and Wales.

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Local Education Authority policies and practices on drug misuse and drugs education

1 INTRODUCTION

Following the report of the Advisory Council on the Misuse of Drugs (1982) the Government announced a number of responses, including various research initiatives (see Tackling drugs misuse: 1985). As one element in this programme the Foundation was commissioned by the DES to identify and document LEA policies and practices in relation to drug misuse and drugs education.

The questionnaire survey described here was conducted by a Research Officer under the supervision of a Principal Research Officer at the NFER from April to September 1985. This work was supported by a small number of visits to schools and interviews with policy makers and practitioners in the field.

Although the main focus of this survey was on the misuse of illegal drugs, especially so-called 'hard' drugs such as heroin, it was recognised from the outset that LEA drugs education policies may also embrace alcohol, tobacco and solvent misuse.

2 QUESTIONNAIRE SURVEY

Questionnaires were sent to all 104 LEAs in England and Wales in April 1985 and a reminder was sent out to non-respondents in July. Respondents were asked to describe their activities within seven broad areas:

1 LEA policy development and adoption

2 Staff with designated responsibility for co-ordinating policies and activities

3 Working parties or sub-committees considering aspects of drugs education

4 Staff with designated responsibility for drugs education within schools and colleges

5 Curricular materials or programmes used in schools

6 In-service training for teachers and others

7 The role of youth and community workers.

3 THE RESPONSE

Replies were received from 87 LEAs, giving a response rate of 84%. Judging by the speed, scale and complexity of these replies, there is a real concern about the increasing incidence of drug misuse and serious consideration is being given to education approaches to combat the problem. Many respondents suggested that education has a key preventative role in ensuring that the dangers of drug misuse are understood but that this has to be set in a broad health or social education context.

Education Authorities were not asked to report direct concern about heroin misuse in school-age children but many were worried about the use of so-called 'soft' drugs, often in combination with illicit or excessive drinking. Attention was drawn to the time lag (sometimes several years) between initial experiments with 'hard' drugs and later requests for help. This suggested that a hidden problem does exist in some schools.

Of the respondents, only 5% of LEAs reported having done nothing under all seven headings listed above. The majority of LEAs (77%) were involved in four or more of the areas listed.

Metropolitan authorities consistantly reported more activity than county authorities or London boroughs throughout the survey. For example 90% of metropolitan boroughs had designated staff to co-ordinate activities in the field and 90% had set up working parties, compared with 74% and 77% of counties and 64% (both responses) of London boroughs. These differences may occur because drug-related problems are readily apparent in urban areas and because drug misuse is most evident as an inner-city problem in London, but this is speculation.

4 POLICY DEVELOPMENT

LEAs were asked whether they had developed policies relating to drugs education or drug misuse, or were planning to do so, alone or with other agencies.

2 LEAs (2%) had adopted a policy alone

30 LEAs (34%) had adopted a policy in conjunction with other agencies.

22 LEAs (25%) were planning to adopt a policy in conjunction with other agencies.

It is important to note the emphasis on a collaborative approach to policy making because this suggests that LEAs

view 'the drugs problem' as one which is of concern to the whole community and not merely a problem encountered in schools.

5 STAFF TO CO-ORDINATE AND IMPLEMENT POLICIES

65 respondents (75%) said that one or more education officers, advisers, inspectors, or education welfare officers had responsibility for co-ordinating drugs education policies or activities. In some LEAs (40%) this responsibility was shared between two or three people. Most of these designated posts had been in existence for at least five years and there were no reports of posts exclusively dedicated to drugs education. However, the survey was carried out before the Government announced extra funding to establish drugs co-ordinator posts in LEAs through the Education Support Grant Scheme for the academic year 1986-87. Later interviews showed that applications for these extra funds were already being prepared.

The extra funding may be seen as timely because several of the present co-ordinators expressed concern that other work pressures prevented them from giving sufficient time to drugs education. However, some reservations were expressed in interviews about the short-term nature of the special funding and about whether the available money would be sufficient to attract the best-qualified people.

6 WORKING PARTIES AND SUB-COMMITTEES

Working parties or sub-committees were in existence in 65 LEAs (75%) and another authority was setting one up. Many of these groups had been set up jointly with the District Health Authority and included representatives of the various professions and disciplines in the field. The working parties were usually concerned with assessing the extent of the drug problem locally, with developing policy statements, and with devising guidelines for schools, teachers and other professionals.

7 WORK IN SCHOOLS

There was widespread evidence of support for the view that drugs education work in schools should be carried out as part of a wider health or social education programme.

47 LEAs (54%) had designated posts in some or all of their secondary schools for drugs and related health or social education issues; 31 of these (36%) also had such posts in primary schools and 23 (26%) had established middle school posts. Health education courses were being developed by a variety of staff including pastoral or social education

staff, heads of year, deputies and heads (a frequent resort in primary schools). Their work usually involved organising and teaching on health and social education courses, making counselling arrangements, building links with outside agencies in the field, mounting in-service training for colleagues, and disseminating information about drugs and teaching materials.

65 LEAs (75%) reported that health or social education courses with a drugs component were being offered in some or all their secondary schools, but 13 of these (15% of the total) offered no in-service training support for teachers in relation to the drugs part of these courses.

Various national bodies have produced curricular materials for use in schools and 66 LEAs (76%) were recommending the use of some of these in school courses. Most frequently mentioned were:

'Free to Choose' (Teachers' Advisory Centre for Alcohol and Drugs Education) 54 LEAs (62%)

'Health education 13-18' (Health Education Council) 33 LEAs (38%)

'Drugs demystified' (Institute for the Study of Drugs Dependence) 11 LEAs (13%)

'Life skills teaching programmes' (Life Skills Associates) 11 LEAs (13%).

8 WORK IN FURTHER EDUCATION

36 LEAs (41%) had designated posts for drugs education and related issues in some or all of their colleges of further education and 5 others said that this was a matter of discretion within the colleges. This response probably under-represents the overall picture because discretion may well have been exercised elsewhere without the education department being notified.

Responsibility for drugs education rested mainly with student counsellors or student welfare officers and their main role was in individual counselling of students. However, many of these staff were also involved in general or social studies courses and with organising in-service training about drugs or drugs education for colleagues.

9 YOUTH AND COMMUNITY WORKERS

29 LEAs (33%) had designated youth and community workers dealing with drugs education issues. Provision varied from 'All youth centre leaders' to one post per authority.

10 IN-SERVICE TRAINING

Training in the recognition of drugs misuse, counselling skills and preparation for teaching young people about drugs issues, was fairly widely available.

57 LEAs (65%) offered short courses on drug-related issues usually lasting half-a-day or one day. 17 LEAs (20%) reported that over 150 teachers had attended such courses and 19 LEAs (22%) said that more than 50 teachers had been on courses. The number of teachers and other staff who had received some training varied between 20 and 500.

26 LEAs (30%) had set up 'rolling schemes' in which LEA guidelines were introduced and co-ordinators were encouraged to attend before returning to their own schools to run in-service courses for colleagues.

Authorities drew upon various other agencies in mounting in-service training courses. Most frequently mentioned were:

District Health Authority	(70%)
TACADE	(60%)
Health Education Council	(46%)
addiction units	(38%)
regional drugs squad	(32%)
local medical and hospital staff	(12%)

11 CONCLUSIONS

A number of important questions still remain to be answered about the most effective organisation, co-ordination and delivery of services at LEA, schools and college levels. In particular, it would be extremely valuable to learn more about the effectiveness of various liaison arrangements, about the usefulness of in-service training provision by LEAs and independent agencies, and about whether the drugs-related elements of health and social education programmes in schools have raised awareness of drug-related issues and discouraged drug misuse.

Attention has been drawn to the fact the most LEAs have addressed the problem of 'hard' drug misuse within a broad health and social education context and have treated this as a community, rather than simply as a schools problem. It would be useful to examine the effects of this sort of approach in relation to the more frequently occurring forms of drug misuse in schools, including illicit or excessive drinking.

Many of these issues could be explored by establishing a national centre, in collaboration with the drugs education agencies. Such a centre would collect and disseminate LEA information and would encourage the sharing of expertise and experience on all aspects of drugs education.

A fuller version of the report, prepared for the Department of Education and Science, can be obtained for the authors at NFER, the Mere, Upton Park, Slough, Berks. SL1 2DQ, price £3.00 (including p & p).

REFERENCE

GREAT BRITAIN. HOME OFFICE (1985) Tackling Drugs Misuse: A Summary of the Government's Strategy London HMSO.

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